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UNITED STATES GENERAL ACCOUNTING OFFICE
WASHINGTON REGIONAL OFFICE
FIFTH FLOOR
803 WEST BROAD STREET
FALLS CHURCH, VIRGINIA 22046

SEP 6 1972

Dear Mr. Gavazzi:

We have completed our work on the Automated Hospital Information System (AHIS) at the Veterans Administration Hospital, Washington, D.C. As you know, the primary purpose of our work was to develop audit guidelines for automated real-time systems.

Although we did not perform a detailed effectiveness review of AHIS, our work indicated that the system is well received by hospital personnel and contributes to the efficient operation of the hospital. We did observe certain operational problems which have been discussed with you and with AHIS officials. We thought it would be useful to summarize these problems and the corrective action taken.

Need to more fully utilize
appropriate data verification
and correction procedures

Our study of the admissions and dispositions subsystem indicated that medical administrative personnel do not always use the AHIS data verification and correction procedures. We noted that in certain instances incorrect social security numbers and admission data are being entered into the AHIS files. Upon discussion of this matter with hospital and AHIS representatives, we were advised that consideration would be given to the need for adequately training all personnel who enter admission transactions in the use of data verification and correction procedures.

Need for more effective
use of AHIS reports

Our work included an evaluation of the use made of certain reports provided by the admissions and dispositions subsystem. We found that the utilization of the application pending for admission report, the 10-P-10 list, and the discharge records not processed report could be improved. Hospital officials informed us that the reports would be more closely monitored and appropriate personnel retrained as necessary to improve the utilization of the reports.

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Need to prevent loss of documents

During a review of 27 applications pending for admission that appeared on a daily monitoring report selected for review, we were unable to locate 13 of the applications. Our search for the applications included the pertinent medical administrative files and a visit to several clinics and offices which may have possibly been using the applications.

There appears to be a need for increased emphasis on document controls so as to minimize loss of documents. We discussed this with a hospital official, however, we are not aware of any action taken.

Need to communicate hospital
needs to AHIS personnel

In two instances, we noted that hospital personnel apparently had not adequately communicated their needs regarding the system to AHIS personnel.

In one instance, we were informed that Medical Administrative Division personnel had requested a change in the discharge records not processed report, but no change had resulted. AHIS personnel were unaware of the request and the request for change had not been documented.

In the other instance, radiology personnel said that they had requested a modified scheduling procedure for weekends and holidays when a reduced radiology staff is on duty. However, the modified procedure had not been implemented, resulting in examination delays during these periods.

We brought this to the attention of hospital and AHIS officials and were informed that consideration will be given to establishing formal procedures for the hospital users to communicate their needs to AHIS personnel.

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We wish to thank you for your cooperation and that of the hospital staff. We shall be pleased to provide further information on the above matters upon request.

Sincerely yours,

H. L. Krieger

H. L. Krieger
Regional Manager

Mr. Aladino A. Gavazzi
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